

<i>SERFF Tracking Number:</i>	<i>UHLC-127096177</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>48350</i>
<i>Company Tracking Number:</i>	<i>CA25115ST</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS08G.001 Plan A 2010</i>
	<i>Plans 2010</i>		
<i>Product Name:</i>	<i>Group Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Advertising/CA25115ST</i>		

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Group Medicare Supplement	SERFF Tr Num: UHLC-127096177	State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Filed-Closed	State Tr Num: 48350
Sub-TOI: MS08G.001 Plan A 2010	Co Tr Num: CA25115ST	State Status: Filed-Closed
Filing Type: Advertisement		Reviewer(s): Stephanie Fowler
	Authors: Michelle Ambach, Tammy Frederick, Bobbie Walton	Disposition Date: 04/01/2011
	Date Submitted: 03/28/2011	Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:

## General Information

Project Name: Advertising	Status of Filing in Domicile: Not Filed
Project Number: CA25115ST	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type:	Overall Rate Impact:
Filing Status Changed: 04/01/2011	
State Status Changed: 04/01/2011	Deemer Date:
Created By: Tammy Frederick	Submitted By: Tammy Frederick
Corresponding Filing Tracking Number: CA25115ST	
Filing Description:	
We enclose for your information and review, proof copies of advertising for use in connection with the AARP group health insurance program. This advertising is new and does not replace material previously approved by the Department.	

This Invitation to Inquire is a Medicare Supplement Advertisement. Final production of the enclosed advertising will show the component number on the bottom left hand corner of the Print Ad.

The Business Reply Card - CA25115BRC - that will be used with the advertisement is also attached for your review.

SERFF Tracking Number: UHLC-127096177 State: Arkansas  
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 48350  
 Company Tracking Number: CA25115ST  
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
 Plans 2010  
 Product Name: Group Medicare Supplement  
 Project Name/Number: Advertising/CA25115ST

## Company and Contact

### Filing Contact Information

Susan Cipollo, Director Susan\_J\_Cipollo@uhc.com  
 680 Blair Mill Rd. 215-902-8444 [Phone]  
 Horsham, PA 19044 215-902-8813 [FAX]

### Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut  
 185 Asylum Street Group Code: 707 Company Type: Life and Health  
 Hartford, CT 06103 Group Name: State ID Number:  
 (860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

-----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: 2 Comps @ 50.00 each = 100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$100.00	03/28/2011	46024412

*SERFF Tracking Number:* UHLC-127096177 *State:* Arkansas  
*Filing Company:* UnitedHealthcare Insurance Company *State Tracking Number:* 48350  
*Company Tracking Number:* CA25115ST  
*TOI:* MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010  
*Product Name:* Group Medicare Supplement  
*Project Name/Number:* Advertising/CA25115ST

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	04/01/2011	04/01/2011

*SERFF Tracking Number:* UHLC-127096177 *State:* Arkansas  
*Filing Company:* UnitedHealthcare Insurance Company *State Tracking Number:* 48350  
*Company Tracking Number:* CA25115ST  
*TOI:* MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010  
*Product Name:* Group Medicare Supplement  
*Project Name/Number:* Advertising/CA25115ST

## Disposition

Disposition Date: 04/01/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UHLC-127096177</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>48350</i>
<i>Company Tracking Number:</i>	<i>CA25115ST</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS08G.001 Plan A 2010</i>
	<i>Plans 2010</i>		
<i>Product Name:</i>	<i>Group Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Advertising/CA25115ST</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Form</b>	Self mailer	Filed	Yes
<b>Form</b>	Business Reply Card	Filed	Yes

SERFF Tracking Number: UHLC-127096177 State: Arkansas

Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 48350

Company Tracking Number: CA25115ST

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010

Product Name: Group Medicare Supplement

Project Name/Number: Advertising/CA25115ST

## Form Schedule

Lead Form Number: CA25115ST

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 04/01/2011	CA25115S	Advertising	Self mailer	Initial		45.000	CA25115ST.pdf
Filed 04/01/2011	CA25115B	Advertising	Business Reply Card	Initial		45.000	CA25115BRC.pdf

Information Request Card

☐ **YES! I'd like to know more about AARP Medicare Supplement Insurance Plans including benefits, costs, eligibility requirements, exclusions and limitations.**  
Code [xxx]  
[Sample A. Sample]  
[123 Any Street]  
[Apt. 1A]  
[Anytown, USA 12345-1234]

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Medicare (Part B) Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**This is a solicitation of insurance. An agent/producer may contact you.**  
  
Insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for NY residents).  
  
AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.  
  
**Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.**

▲  
**Call [1-8XX-XXX-XXXX]**  
**to speak to a licensed agent/producer.**  
**Mention code [xxx] or mail this postage-paid card today.**



CA25115T

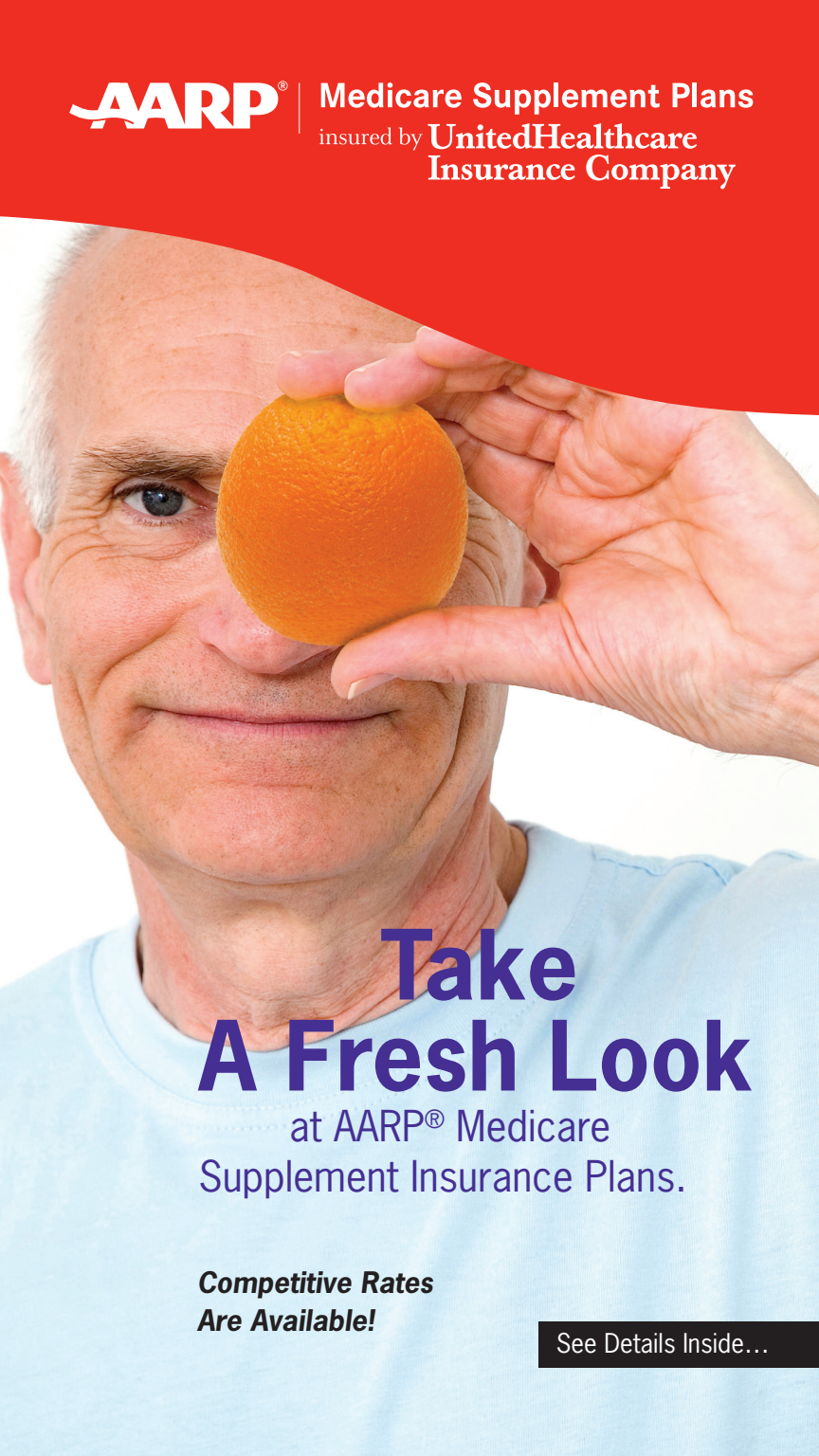
See Details Inside...

**Maybe you've requested information before.**  
Now is the perfect time to take a fresh look at the only Medicare supplement insurance plans that carry the AARP name.

[Sample A. Sample]  
[123 Any Street]  
[Apt. 1A]  
[Anytown, USA 12345-1234]

**AARP** | Medicare Supplement Plans  
insured by **UnitedHealthcare Insurance Company**  
  
AARP Medicare Supplement Insurance Plans,  
insured by UnitedHealthcare Insurance Company  
P.O. Box 1017  
Montgomeryville, PA 18936-1017

PRSRT STD  
U.S. POSTAGE  
**PAID**  
UNITEDHEALTHCARE



**AARP** | Medicare Supplement Plans  
insured by **UnitedHealthcare Insurance Company**

**Take  
A Fresh Look**  
at AARP® Medicare  
Supplement Insurance Plans.

**Competitive Rates  
Are Available!**

See Details Inside...



# Take A Fresh Look

## At AARP Medicare Supplement Insurance Plans

Are you shopping around for a new plan to help pay for what Medicare doesn't? Or looking for a plan that doesn't limit your choice of doctors or increase what you have to pay from your own pocket?

A Medicare supplement plan can help. Call today to rediscover AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York, for New York residents), the only plans of their kind to carry the AARP name.

### Competitive Rates Are Available Now!

Your money and your retirement savings are important to you. You want to spend them on other things instead of paying out-of-pocket costs for the things that Medicare alone doesn't cover. That's what a Medicare supplement plan is for. Learn more about how a plan like this can meet your needs and budget.

With these competitively priced rates, there's no better time than now to take another look at AARP Medicare Supplement Insurance Plans.

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

**AARP**® | Medicare Supplement Plans  
insured by **UnitedHealthcare Insurance Company**

# Take A Fresh Look

## At All the Advantages of a Medicare supplement insurance plan!

- ▶ **Coverage You Need:** Benefits to pay some of the costs that Medicare doesn't pay.
- ▶ **Freedom to Choose Your Own Doctor:** Go to any doctor, specialist or hospital that accepts Medicare patients.
- ▶ **Guaranteed Coverage For Life:** As long as you pay your premiums when due and you answered the required questions on your application truthfully and completely.

**PLUS, with an AARP Medicare Supplement Plan, you'll also get:**

- ▶ **The Only Medicare Supplement to Carry the AARP Name:** Founded in 1958, AARP is a nonprofit, nonpartisan membership organization that helps people 50 and over improve the quality of their lives.
- ▶ **Great Customer Service and Plan Satisfaction<sup>†</sup>:**
  - 96% member satisfaction rate with AARP Medicare Supplement Insurance Plans
  - 98% customer representative satisfaction rate with most problems resolved on the first call

<sup>†</sup> <http://www.uhcmembersstats.com> or call to request a copy of the full report.



**Call [1-8XX-XXX-XXXX]**  
to discover the only Medicare supplement insurance that carries the AARP name.

Enrolling in a Medicare supplement insurance plan may save you up to thousands of dollars in out-of-pocket costs this year!\*

# Take A Fresh Look

Talk to a licensed insurance agent/producer today.

**Call [1-8XX-XXX-XXXX]** (TTY: 711

Monday to Friday, 7 a.m. to 11 p.m.; Saturday 9 a.m. to 5 p.m. EST

Or Mail the Attached Information Request Card For More Information



AARP doesn't make individual recommendations for health-related products, services, insurance or programs. You are encouraged to evaluate your needs and compare products. Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area.

**Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.**

**This is a solicitation of insurance. An agent/producer may contact you.**

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, producers, representatives or advisors.

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

\*Medicare Payment Advisory Commission (MedPAC). A Data Book: Healthcare spending and the Medicare Program, June 2010 <<http://www.medpac.gov/documents/Jun10DataBookEntireReport.pdf>> (4 Oct, 2010) p. 16.

**AARP**® | Medicare Supplement Plans  
insured by **UnitedHealthcare Insurance Company**



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 45 LEHIGH VALLEY PA

POSTAGE WILL BE PAID BY ADDRESSEE

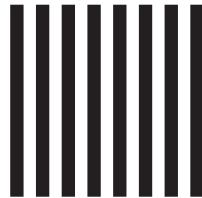
UNITEDHEALTHCARE  
INSURANCE COMPANY  
PO BOX 25601  
LEHIGH VALLEY PA 18003-9905



**Call [1-8XX-XXX-XXXX]**  
Mention code [xxx] or mail this  
postage-paid card today for  
more information.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



CA25115BRC





# Information Request Card

- ☐ **YES! I'd like to know more about AARP Medicare Supplement Insurance Plans including benefits, costs, eligibility requirements, exclusions and limitations.**

**Code [xxx]**

[Sample A. Sample]

[123 Any Street]

[Apt. 1A]

[Anytown, USA 12345-1234]

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medicare (Part B) Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

**This is a solicitation of insurance. An agent/producer may contact you.**

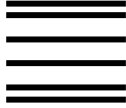
Insured by UnitedHealthcare Insurance Company  
(UnitedHealthcare Insurance Company of New York for  
NY residents).

AARP and its affiliate are not insurance agencies or carriers  
and do not employ or endorse insurance agents, brokers,  
producers, representatives or advisors.

**Not connected with or endorsed by the U.S.  
Government or the Federal Medicare Program.**



**Medicare Supplement Plans**  
insured by **UnitedHealthcare**  
**Insurance Company**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

# BUSINESS REPLY MAIL

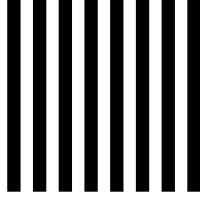
FIRST-CLASS MAIL PERMIT NO. 45 LEHIGH VALLEY PA

POSTAGE WILL BE PAID BY ADDRESSEE

UNITEDHEALTHCARE  
INSURANCE COMPANY

PO BOX 25601

LEHIGH VALLEY PA 18003-9905



CA25115BRC

